

<i>SERFF Tracking Number:</i>	<i>IASL-126649213</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Admiral Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>45820</i>
<i>Company Tracking Number:</i>	<i>AL 2010 AR FORMS</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>AL 2010 AR Forms</i>		
<i>Project Name/Number:</i>	<i>AL 2010 AR Forms/</i>		

Filing at a Glance

Company: Admiral Life Insurance Company of America

Product Name: AL 2010 AR Forms	SERFF Tr Num: IASL-126649213	State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Approved-Closed	State Tr Num: 45820
Sub-TOI: MS08I.001 Plan A 2010	Co Tr Num: AL 2010 AR FORMS	State Status: Approved-Closed
Filing Type: Form/Rate	Author: Beth Clark	Reviewer(s): Stephanie Fowler
	Date Submitted: 05/28/2010	Disposition Date: 06/01/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date: 06/01/2010
State Filing Description:		

General Information

Project Name: AL 2010 AR Forms	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/01/2010	Explanation for Other Group Market Type:
	State Status Changed: 06/01/2010
Deemer Date:	Created By: Beth Clark
Submitted By: Beth Clark	Corresponding Filing Tracking Number:
Filing Description:	
This is a new filing to submit Medicare Supplement 2010 Standard Plans. These forms are being filed in compliance with the requirements of the Federal Medicare Improvements for Patients and Providers Act (MIPPA) and the State specific Medicare Supplement Regulation.	

Company and Contact

Filing Contact Information

Beth Clark, Compliance Analyst	beth.clark@iasadmin.com
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SERFF Tracking Number: IASL-126649213 State: Arkansas
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 Company Tracking Number: AL 2010 AR FORMS
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: AL 2010 AR Forms
 Project Name/Number: AL 2010 AR Forms/

8545 126th Avenue North 727-584-0007 [Phone] 2169 [Ext]
 Suite 200 727-584-5613 [FAX]
 Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

Admiral Life Insurance Company of America	CoCode: 71390	State of Domicile: Arizona
One State Mutual Drive	Group Code: 472	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(800) 987-1593 ext. [Phone]	FEIN Number: 41-6041001	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$550.00
Retaliatory?	No
Fee Explanation:	11 Forms @\$50 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Admiral Life Insurance Company of America	\$550.00	05/28/2010	36884629

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	06/01/2010	06/01/2010

SERFF Tracking Number:	IASL-126649213	State:	Arkansas
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Product Name:	AL 2010 AR Forms		
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Disposition

Disposition Date: 06/01/2010

Implementation Date: 06/01/2010

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

SERFF Tracking Number: IASL-126649213 State: Arkansas

Filing Company: Admiral Life Insurance Company of America State Tracking Number: 45820

Company Tracking Number: AL 2010 AR FORMS

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010

Product Name: AL 2010 AR Forms

Project Name/Number: AL 2010 AR Forms/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Letter of Authorization	Accepted for Informational Purposes	Yes
Form	Medicare Supplement Plan A	Approved	Yes
Form	Policy Schedule Page Plan A	Approved	Yes
Form	Medicare Supplement Plan D	Approved	Yes
Form	Policy Schedule Page Plan D	Approved	Yes
Form	Medicare Supplement Plan F	Approved	Yes
Form	Policy Schedule Page Plan F	Approved	Yes
Form	Medicare Supplement Plan G	Approved	Yes
Form	Policy Schedule Page Plan G	Approved	Yes
Form	Application	Approved	Yes
Form	Guaranteed Issue For Eligible Persons	Approved	Yes
Form	Outline Of Coverage	Approved	Yes
Rate	Rate Sheet Plan A	Approved	Yes
Rate	Rate Sheet Plan D	Approved	Yes
Rate	Rate Sheet Plan F	Approved	Yes
Rate	Rate Sheet Plan G	Approved	Yes

SERFF Tracking Number: IASL-126649213 State: Arkansas

Filing Company: Admiral Life Insurance Company of America State Tracking Number: 45820

Company Tracking Number: AL 2010 AR FORMS

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010

Product Name: AL 2010 AR Forms

Project Name/Number: AL 2010 AR Forms/

Form Schedule

Lead Form Number: ASM-5(10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved 06/01/2010	ASM-5(10)	Policy/Cont	Medicare ract/Fratern Supplement Plan A al Certificate	Initial			ASM-5(10) (AR) Plan A.pdf
Approved 06/01/2010	PS-1(MS-5)A	Schedule Pages	Policy Schedule Page Plan A	Initial			PS-1(MS-5)A (AR).pdf
Approved 06/01/2010	DSM-5(10)	Policy/Cont	Medicare ract/Fratern Supplement Plan D al Certificate	Initial			DSM-5(10) (AR) Plan D.pdf
Approved 06/01/2010	PS-1(MS-5)D	Schedule Pages	Policy Schedule Page Plan D	Initial			PS-1(MS-5)D (AR).pdf
Approved 06/01/2010	FSM-5(10)	Policy/Cont	Medicare ract/Fratern Supplement Plan F al Certificate	Initial			FSM-5(10) (AR).pdf
Approved 06/01/2010	PS-1(MS-5)F	Schedule Pages	Policy Schedule Page Plan F	Initial			PS-1(MS-5)F (AR).pdf
Approved 06/01/2010	GSM-5(10)	Policy/Cont	Medicare ract/Fratern Supplement Plan G al Certificate	Initial			GSM-5(10) (AR).pdf
Approved 06/01/2010	PS-1(MS-5)G	Schedule Pages	Policy Schedule Page Plan G	Initial			PS-1(MS-5)G (AR).pdf
Approved 06/01/2010	APP.10(MS)	Application/ Enrollment Form	Application	Initial			APP.10(MS) (AR).pdf
Approved 06/01/2010	APP.10(SUP P)(10)	Other	Guaranteed Issue For Eligible Persons	Initial			APP.10(SUP P)(10) (AR) GI.pdf

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	Standard Plans 2010		
Product Name:	AL 2010 AR Forms		
Project Name/Number:	AL 2010 AR Forms/		
Approved	OC-ASM-	Outline of	Outline Of Coverage Initial
06/01/2010 5(2010)	Coverage		OC-ASM-5(2010)(AR).pdf

MEDICARE SUPPLEMENT POLICY - PLAN A

Admiral Life Insurance Company of America

A LEGAL RESERVE STOCK COMPANY

Notice to Buyer: This policy may not
cover all of your medical expenses.

[Administrative Office
[P.O. Box 10860

(800) 987-1593]
Clearwater, FL 33757-8860]

ADMIRAL LIFE INSURANCE COMPANY of AMERICA, called "we," "our" or "us" in this policy, insures you for certain medical expenses due to sickness or injury; subject to all the provisions and exceptions of this policy.

CONSIDERATION: We issue this policy based on: (1) what you say in your application, a copy of which is made a part of this policy; and (2) payment in advance of the First Premium for the term that ends on the First Renewal Date.

YOUR RIGHT TO EXAMINE POLICY: Within 30 days after you get this policy, you may return it to us or one of our agents if you are not pleased. Upon such return, this policy shall be void from the start and we will give back all premium paid.

PREMIUMS: Each Renewal Premium is due at the end of the term for which the last premium was paid. The payment of a premium shall not keep this policy in force past the end of the term for which it was paid; except as stated under "Grace Period". Upon the death of the insured, or upon the written request of the insured to cancel the policy, we will refund the unearned premiums paid for any period beyond the end of the policy month in which death occurred or cancellation was requested.

TERMS - EFFECTIVE DATE: The term of this policy begins at 12:01 P.M. standard time at your residence on the Policy Date. Subject to the Grace Period provision, it ends at 12:01 P.M. on the date any renewal premium is due and not paid. Each renewal term ends on the date the next premium is due.

POLICY GUARANTEED RENEWABLE FOR LIFE AT YOUR OPTION SUBJECT TO OUR TABLE OF PREMIUM RATES IN EFFECT AT TIME OF RENEWAL

This policy may be renewed for another term by the payment, before the grace period ends, of the renewal premium for such term at the rate in effect at the time of such renewal. We cannot cancel or refuse to renew this policy. We reserve only the right to change the table of premiums for this Policy at any time and from time to time. Any such change shall apply only to premiums due on or after the date of such change. No change in the premium or in this policy may be made by us solely because of a change in your health or job, nor solely because of claims under this policy. We will notify you in writing at least 31 days prior to any premium change. Benefits of this policy will change with changes in Medicare and premiums may change accordingly.

IMPORTANT NOTICE: Please read carefully the copy of your application attached to this policy. Write to us within ten days, if it is not correct and complete. Your application is part of your policy. The policy was issued on the basis that what is shown in your application is correct and complete.

This policy takes effect on the Policy Date shown in the Policy Schedule.

[]
Secretary

[]
President

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SECTION A

THE MEANING OF TERMS AS USED IN THIS POLICY

“Benefit Period” means one period of time that starts on the first full day of hospital confinement and goes on to the end of a period of at least sixty (60) days during which there has been no hospital care nor skilled nursing facility care.

“Doctor” means a person other than yourself or a member of your immediate family, who is licensed by the state in which services are rendered to treat the type of injury or sickness causing the covered expenses.

“Expense” means expense you incur for necessary medical services or supplies prescribed by a doctor. Expense for services or supplies will be deemed to be incurred on the date or dates such services or supplies are received by you. Expense must be incurred while this policy is in force.

“Hospital Confinement” means confinement in a hospital licensed by the state to treat sick or injured persons as resident bed patients. “Hospital” does not include a place or part of any place used as a nursing home, convalescent home, rest home, home for the aged, a place that mainly gives custodial care, or similar place. Confinement in an accredited rehabilitation hospital providing treatment for physical disability will be considered as hospital confinement. Covered services provided by a licensed ambulatory surgical or medical center will be considered on the same basis as those provided during hospital confinement.

“Injury” means bodily injury which results from an accident that happens while this policy is in force and causes loss covered by this policy. “Any one injury” includes all injuries from any one accident.

“Medicare” means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

“Medicare-eligible Expense” means expense of the kind covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

“Policy Schedule” means the Policy Schedule attached to this policy. The Policy Date, First Renewal Date, and First Premium are shown in the Policy Schedule.

“Sickness” means illness or disease which first manifests itself after the policy date and while the policy is in force.

SECTION B

BASIC BENEFITS

The following benefits are included in the policy:

(a) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare, from the 61st day through the 90th day in any Medicare benefit period.

(b) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

(c) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospital confinement paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept our payment as payment in full and may not bill you for any balance.

SECTION B

BASIC BENEFITS (cont.)

(d) Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

(e) Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare-eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

(f) Coverage of cost sharing for all Medicare Part A Medicare-eligible hospice care and respite care expenses.

SECTION C

MEDICAID ELIGIBILITY

If while this policy is in force you become entitled to medical assistance under Title XIX of the Social Security Act (Medicaid), benefits and premiums under this policy shall be suspended at your request. Such suspension shall apply only if you notify us within 90 days after you become entitled to Medicaid, and the maximum period for which such suspension will last shall be 24 months. Upon receipt of timely notice of your Medicaid entitlement, we shall refund to you that portion of paid premium attributable to the period of your Medicaid eligibility, subject to adjustment for paid claims. If following suspension of policy benefits and premiums you lose entitlement to Medicaid, the policy shall be automatically reinstituted effective as of the date you lost Medicaid entitlement. In order for the policy to be reinstituted, you must notify us within 90 days after the date you lose Medicaid entitlement, and you must pay any premium attributable to the period, effective as of the date of termination of entitlement. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION D

SOCIAL SECURITY DISABILITY ELIGIBILITY

If while this policy is in force, you are entitled to benefits under section 226(b) of the Social Security Act and you are covered under a group health plan (as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act), the benefits and premiums under this policy shall be suspended (for any period that may be provided by federal regulation) at your request. If following suspension of policy benefits and premiums you lose coverage under the group health plan, the policy shall be automatically reinstituted. In order for the policy to be reinstituted, effective as of the date of loss of coverage, you must notify us within 90 days after the date of the loss and pay any premium attributable to the period, effective as of the date of termination of enrollment in the group health plan. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION E

LIMITATIONS

This policy does not cover loss resulting from: that portion of any expense for which payment is provided under "Medicare". This policy does not cover the Medicare Part A deductible or the Medicare Part B deductible.

SECTION F

GENERAL PROVISIONS

Entire Contract; Changes: This policy with the application and any attached papers is the entire contract. No change in this policy will be effective until approved by one of our officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

Time Limit on Certain Defenses: After two years from the Policy Date, no misstatements made by you in the application for this policy shall be used to void this policy or to deny a claim for loss incurred after the expiration of such two-year period, except in the case of fraud.

SECTION F

GENERAL PROVISIONS (cont.)

Grace Period: You have a 31 day grace period from the due date of each renewal premium in which to make payment. During this time, the policy shall remain in force.

Reinstatement: If any renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us (or by any agent duly authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If we or our agent require an application, and you are given a conditional receipt for the premium, the policy will be reinstated as of the approval date of the application. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless we have previously written you of our disapproval.

The reinstated policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects both your and our rights remain the same. Any premium accepted to reinstate, will be used to pay back premiums due, but not more than 60 days prior to the reinstatement date.

Notice of Claim: Written notice of claim must be given to us within 90 days after a covered loss starts or as soon as reasonably possible. The notice can be given to us at our [Administrative Office, Clearwater, Florida], or to our agent. Notice should include your name and the policy number.

Claim Forms: When we receive the notice of claim, we will furnish the forms for filing proof of loss. If we fail to furnish these forms within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within one year after the loss.

Proofs of Loss: Completed claim forms and other proofs of loss should be sent to our [Administrative Office] within 90 days after such loss. If it is not possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof of loss must be sent to us no later than one year from the time specified, unless you were legally incapacitated.

Time of Payment of Claims: Benefits payable under this policy will be paid immediately upon receipt of proper proof of loss.

Payment of Claims: Any benefits payable at your death may be paid either to your beneficiary or estate. All other benefits will be payable to you. We may pay any benefits due at your death of less than \$1,000 to any relative by blood or marriage who seems most equitably entitled to them. Any payment made by us under this provision shall fully discharge our obligation to the extent of such payment.

Physical Examinations: We have the right to have you examined at our expense, as often as reasonably necessary while a claim is pending.

Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Change of Beneficiary: You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in this policy, unless the beneficiary is irrevocable.

Assignment: Any assignment of this policy must be made in writing. We will not be deemed to know of an assignment unless the original or duplicate thereof is filed at our [Administrative Office]. We assume no responsibility for the validity of any assignment.

Misstatement of Age: If your age has been misstated, the benefits will be those the premium paid would have purchased at the correct age.

SECTION F
GENERAL PROVISIONS (cont.)

Conformity With State Statutes: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of such laws.

Illegal Occupation: We shall not be liable for any loss caused by your commission of or attempt to commit a felony or which was caused by your being engaged in an illegal occupation.

Extension of Benefits: Any termination of this policy shall be without prejudice to any continuous loss which began while the policy was in force. In no event however will benefits, after the policy terminates, extend beyond: (a) the end of your continuous total disability or (b) the end of any policy benefit periods or specified maximums, whichever occurs first. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

Admiral Life Insurance
Company of America

A legal reserve stock company

MEDICARE
SUPPLEMENT
POLICY - PLAN A

Admiral Life Insurance Company of America

Policy Schedule

Name of Insured: _____

Age and Sex _____ / _____

Tobacco User [Yes] [No]

Policy Number: _____

Policy Date: _____

First Renewal Date: _____

INITIAL PREMIUMS for PLAN A

Annual \$ _____

Semi-Annual \$ _____

Quarterly \$ _____

Monthly \$ _____

THIS POLICY COVERS THE FOLLOWING ITEMS

Medicare's Hospital Co-pay 61st through 90th day of confinement
Medicare's Hospital Co-pay 91st day on for 60 lifetime reserve days

The dollar amounts of the above items are usually changed by Medicare on January 1st of each year.
We will notify you of the new amounts before January 1st each year.

POLICY INFORMATION

Claim handling and policyholder services are provided by our [Administrative Office at: Admiral Life Insurance Company of America, P.O. Box 10860, Clearwater, FL 33757-8860, telephone 1-800-987-1593].

The agent through which your policy was issued is:

_____, _____

_____, telephone _____

If we at Admiral Life Insurance Company of America fail to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Service Division, 1200 West Third Street, Little Rock, AR 72201-1904, telephone: (501) 371-2640 or 1-800-852-5494.

MEDICARE SUPPLEMENT POLICY - PLAN D

Admiral Life Insurance Company of America

A LEGAL RESERVE STOCK COMPANY

Notice to Buyer: This policy may not
cover all of your medical expenses.

[Administrative Office
P.O. Box 10860]

(800) 987-1593
Clearwater, FL 33757-8860]

ADMIRAL LIFE INSURANCE COMPANY of AMERICA, called “we,” “our” or “us” in this policy, insures you for certain medical expenses due to sickness or injury; subject to all the provisions and exceptions of this policy.

CONSIDERATION: We issue this policy based on: (1) what you say in your application, a copy of which is made a part of this policy; and (2) payment in advance of the First Premium for the term that ends on the First Renewal Date.

YOUR RIGHT TO EXAMINE POLICY: Within 30 days after you get this policy, you may return it to us or one of our agents if you are not pleased. Upon such return, this policy shall be void from the start and we will give back all premium paid.

PREMIUMS: Each Renewal Premium is due at the end of the term for which the last premium was paid. The payment of a premium shall not keep this policy in force past the end of the term for which it was paid; except as stated under “Grace Period”. Upon the death of the insured, or upon the written request of the insured to cancel the policy, we will refund the unearned premiums paid for any period beyond the end of the policy month in which death occurred or cancellation was requested.

TERMS - EFFECTIVE DATE: The term of this policy begins at 12:01 P.M. standard time at your residence on the Policy Date. Subject to the Grace Period provision, it ends at 12:01 P.M. on the date any renewal premium is due and not paid. Each renewal term ends on the date the next premium is due.

POLICY GUARANTEED RENEWABLE FOR LIFE AT YOUR OPTION SUBJECT TO OUR TABLE OF PREMIUM RATES IN EFFECT AT TIME OF RENEWAL

This policy may be renewed for another term by the payment, before the grace period ends, of the renewal premium for such term at the rate in effect at the time of such renewal. We cannot cancel or refuse to renew this policy. We reserve only the right to change the table of premiums for this Policy at any time and from time to time. Any such change shall apply only to premiums due on or after the date of such change. No change in the premium or in this policy may be made by us solely because of a change in your health or job, nor solely because of claims under this policy. We will notify you in writing at least 31 days prior to any premium change. Benefits of this policy will change with changes in Medicare and premiums may change accordingly.

IMPORTANT NOTICE: Please read carefully the copy of your application attached to this policy. Write to us within ten days, if it is not correct and complete. Your application is part of your policy. The policy was issued on the basis that what is shown in your application is correct and complete.

This policy takes effect on the Policy Date shown in the Policy Schedule.

[]
Secretary

[]
President

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SECTION A

THE MEANING OF TERMS AS USED IN THIS POLICY

“Benefit Period” means one period of time that starts on the first full day of hospital confinement and goes on to the end of a period of at least sixty (60) days during which there has been no hospital care nor skilled nursing facility care.

“Doctor” means a person other than yourself or a member of your immediate family, who is licensed by the state in which services are rendered to treat the type of injury or sickness causing the covered expenses.

“Expense” means expense you incur for necessary medical services or supplies prescribed by a doctor. Expense for services or supplies will be deemed to be incurred on the date or dates such services or supplies are received by you. Expense must be incurred while this policy is in force.

“Hospital Confinement” means confinement in a hospital licensed by the state to treat sick or injured persons as resident bed patients. “Hospital” does not include a place or part of any place used as a nursing home, convalescent home, rest home, home for the aged, a place that mainly gives custodial care, or similar place. Confinement in an accredited rehabilitation hospital providing treatment for physical disability will be considered as hospital confinement. Covered services provided by a licensed ambulatory surgical or medical center will be considered on the same basis as those provided during hospital confinement.

“Injury” means bodily injury which results from an accident that happens while this policy is in force and causes loss covered by this policy. “Any one injury” includes all injuries from any one accident.

“Medicare” means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

“Medicare-eligible Expense” means expense of the kind covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

“Policy Schedule” means the Policy Schedule attached to this policy. The Policy Date, First Renewal Date, and First Premium are shown in the Policy Schedule.

“Sickness” means illness or disease which first manifests itself after the policy date and while the policy is in force.

“Skilled Nursing Facility” means a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services at a level of care that can only be performed safely and correctly by a licensed nurse (RN or LPN).

SECTION B

BASIC BENEFITS

The following benefits are included in the policy:

(a) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare, from the 61st day through the 90th day in any Medicare benefit period.

(b) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

SECTION B

BASIC BENEFITS (cont.)

(c) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospital confinement paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept our payment as payment in full and may not bill you for any balance.

(d) Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

(e) Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare-eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

(f) Coverage of cost sharing for all Medicare Part A Medicare-eligible hospice care and respite care expenses.

SECTION C

ADDITIONAL BENEFITS

In addition to the Basic Benefits in Section B of the policy, the following additional benefits are included in the policy:

(a) Coverage for 100% of the Medicare Part A inpatient hospital deductible amount each benefit period.

(b) Coverage for the actual billed charges up to the coinsurance amount from the 21st through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.

(c) Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, doctor, and medical care received in a foreign country, for care which would have been covered by Medicare if provided in the United States and for care which began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250 and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or sickness of sudden and unexpected onset.

SECTION D

MEDICAID ELIGIBILITY

If while this policy is in force you become entitled to medical assistance under Title XIX of the Social Security Act (Medicaid), benefits and premiums under this policy shall be suspended at your request. Such suspension shall apply only if you notify us within 90 days after you become entitled to Medicaid, and the maximum period for which such suspension will last shall be 24 months. Upon receipt of timely notice of your Medicaid entitlement, we shall refund to you that portion of paid premium attributable to the period of your Medicaid eligibility, subject to adjustment for paid claims. If following suspension of policy benefits and premiums you lose entitlement to Medicaid, the policy shall be automatically reinstituted effective as of the date you lost Medicaid entitlement. In order for the policy to be reinstituted, you must notify us within 90 days after the date you lose Medicaid entitlement, and you must pay any premium attributable to the period, effective as of the date of termination of entitlement. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION E

SOCIAL SECURITY DISABILITY ELIGIBILITY

If while this policy is in force, you are entitled to benefits under section 226(b) of the Social Security Act and you are covered under a group health plan (as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act), the benefits and premiums under this policy shall be suspended (for any period that may be provided by federal

SECTION E

SOCIAL SECURITY DISABILITY ELIGIBILITY (cont.)

regulation) at your request. If following suspension of policy benefits and premiums you lose coverage under the group health plan, the policy shall be automatically reinstituted. In order for the policy to be reinstituted, effective as of the date of loss of coverage, you must notify us within 90 days after the date of the loss and pay any premium attributable to the period, effective as of the date of termination of enrollment in the group health plan. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION F

LIMITATIONS

This policy does not cover loss resulting from: that portion of any expense for which payment is provided under "Medicare". This policy does not cover the Medicare Part B deductible.

SECTION G

GENERAL PROVISIONS

Entire Contract; Changes: This policy with the application and any attached papers is the entire contract. No change in this policy will be effective until approved by one of our officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

Time Limit on Certain Defenses: After two years from the Policy Date, no misstatements made by you in the application for this policy shall be used to void this policy or to deny a claim for loss incurred after the expiration of such two-year period, except in the case of fraud.

Grace Period: You have a 31 day grace period from the due date of each renewal premium in which to make payment. During this time, the policy shall remain in force.

Reinstatement: If any renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us (or by any agent duly authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If we or our agent require an application, and you are given a conditional receipt for the premium, the policy will be reinstated as of the approval date of the application. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless we have previously written you of our disapproval.

The reinstated policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects both your and our rights remain the same. Any premium accepted to reinstate, will be used to pay back premiums due, but not more than 60 days prior to the reinstatement date.

Notice of Claim: Written notice of claim must be given to us within 90 days after a covered loss starts or as soon as reasonably possible. The notice can be given to us at our [Administrative Office, Clearwater, Florida], or to our agent. Notice should include your name and the policy number.

Claim Forms: When we receive the notice of claim, we will furnish the forms for filing proof of loss. If we fail to furnish these forms within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within one year after the loss.

Proofs of Loss: Completed claim forms and other proofs of loss should be sent to our [Administrative Office] within 90 days after such loss. If it is not possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof of loss must be sent to us no later than one year from the time specified, unless you were legally incapacitated.

Time of Payment of Claims: Benefits payable under this policy will be paid immediately upon receipt of proper proof of loss.

SECTION G

GENERAL PROVISIONS (cont.)

Payment of Claims: Any benefits payable at your death may be paid either to your beneficiary or estate. All other benefits will be payable to you. We may pay any benefits due at your death of less than \$1,000 to any relative by blood or marriage who seems most equitably entitled to them. Any payment made by us under this provision shall fully discharge our obligation to the extent of such payment.

Physical Examinations: We have the right to have you examined at our expense, as often as reasonably necessary while a claim is pending.

Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Change of Beneficiary: You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in this policy, unless the beneficiary is irrevocable.

Assignment: Any assignment of this policy must be made in writing. We will not be deemed to know of an assignment unless the original or duplicate thereof is filed at our [Administrative Office]. We assume no responsibility for the validity of any assignment.

Misstatement of Age: If your age has been misstated, the benefits will be those the premium paid would have purchased at the correct age.

Conformity With State Statutes: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of such laws.

Illegal Occupation: We shall not be liable for any loss caused by your commission of or attempt to commit a felony or which was caused by your being engaged in an illegal occupation.

Extension of Benefits: Any termination of this policy shall be without prejudice to any continuous loss which began while the policy was in force. In no event however will benefits, after the policy terminates, extend beyond: (a) the end of your continuous total disability or (b) the end of any policy benefit periods or specified maximums, whichever occurs first. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

Admiral Life Insurance
Company of America

A legal reserve stock company

MEDICARE
SUPPLEMENT
POLICY - PLAN D

DSM-5(10)

AR (30)

Admiral Life Insurance Company of America

Policy Schedule

Name of Insured: _____

Age and Sex _____/_____

Tobacco User [Yes] [No]

Policy Number: _____

Policy Date: _____

First Renewal Date: _____

INITIAL PREMIUMS for PLAN D

Annual \$ _____

Semi-Annual \$ _____

Quarterly \$ _____

Monthly \$ _____

THIS POLICY COVERS THE FOLLOWING ITEMS

Medicare's Part A Initial Hospital Deductible

Medicare's Hospital Co-pay 61st through 90th day of confinement

Medicare's Hospital Co-pay 91st day on for 60 lifetime reserve days

Medicare's Skilled Nursing Facility Co-pay for the 21st through 100th day of confinement

The dollar amounts of the above items are usually changed by Medicare on January 1st of each year.

We will notify you of the new amounts before January 1st each year.

POLICY INFORMATION

Claim handling and policyholder services are provided by our [Administrative Office at: Admiral Life Insurance Company of America, P.O. Box 10860, Clearwater, FL 33757-8860, telephone 1-800-987-1593].

The agent through which your policy was issued is:

_____, _____

_____, telephone _____

If we at Admiral Life Insurance Company of America fail to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Service Division, 1200 West Third Street, Little Rock, AR 72201-1904, telephone: (501) 371-2640 or 1-800-852-5494.

MEDICARE SUPPLEMENT POLICY - PLAN F

Admiral Life Insurance Company of America

A LEGAL RESERVE STOCK COMPANY

Notice to Buyer: This policy may not
cover all of your medical expenses.

[Administrative Office
[P.O. Box 10860

(800) 987-1593]
Clearwater, FL 33757-8860]

ADMIRAL LIFE INSURANCE COMPANY of AMERICA, called "we," "our" or "us" in this policy, insures you for certain medical expenses due to sickness or injury; subject to all the provisions and exceptions of this policy.

CONSIDERATION: We issue this policy based on: (1) what you say in your application, a copy of which is made a part of this policy; and (2) payment in advance of the First Premium for the term that ends on the First Renewal Date.

YOUR RIGHT TO EXAMINE POLICY: Within 30 days after you get this policy, you may return it to us or one of our agents if you are not pleased. Upon such return, this policy shall be void from the start and we will give back all premium paid.

PREMIUMS: Each Renewal Premium is due at the end of the term for which the last premium was paid. The payment of a premium shall not keep this policy in force past the end of the term for which it was paid; except as stated under "Grace Period". Upon the death of the insured, or upon the written request of the insured to cancel the policy, we will refund the unearned premiums paid for any period beyond the end of the policy month in which death occurred or cancellation was requested.

TERMS - EFFECTIVE DATE: The term of this policy begins at 12:01 P.M. standard time at your residence on the Policy Date. Subject to the Grace Period provision, it ends at 12:01 P.M. on the date any renewal premium is due and not paid. Each renewal term ends on the date the next premium is due.

POLICY GUARANTEED RENEWABLE FOR LIFE AT YOUR OPTION SUBJECT TO OUR TABLE OF PREMIUM RATES IN EFFECT AT TIME OF RENEWAL

This policy may be renewed for another term by the payment, before the grace period ends, of the renewal premium for such term at the rate in effect at the time of such renewal. We cannot cancel or refuse to renew this policy. We reserve only the right to change the table of premiums for this Policy at any time and from time to time. Any such change shall apply only to premiums due on or after the date of such change. No change in the premium or in this policy may be made by us solely because of a change in your health or job, nor solely because of claims under this policy. We will notify you in writing at least 31 days prior to any premium change. Benefits of this policy will change with changes in Medicare and premiums may change accordingly.

IMPORTANT NOTICE: Please read carefully the copy of your application attached to this policy. Write to us within ten days, if it is not correct and complete. Your application is part of your policy. The policy was issued on the basis that what is shown in your application is correct and complete.

This policy takes effect on the Policy Date shown in the Policy Schedule.

[]
Secretary

[]
President

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SECTION A

THE MEANING OF TERMS AS USED IN THIS POLICY

“Benefit Period” means one period of time that starts on the first full day of hospital confinement and goes on to the end of a period of at least sixty (60) days during which there has been no hospital care nor skilled nursing facility care.

“Doctor” means a person other than yourself or a member of your immediate family, who is licensed by the state in which services are rendered to treat the type of injury or sickness causing the covered expenses.

“Expense” means expense you incur for necessary medical services or supplies prescribed by a doctor. Expense for services or supplies will be deemed to be incurred on the date or dates such services or supplies are received by you. Expense must be incurred while this policy is in force.

“Hospital Confinement” means confinement in a hospital licensed by the state to treat sick or injured persons as resident bed patients. “Hospital” does not include a place or part of any place used as a nursing home, convalescent home, rest home, home for the aged, a place that mainly gives custodial care, or similar place. Confinement in an accredited rehabilitation hospital providing treatment for physical disability will be considered as hospital confinement. Covered services provided by a licensed ambulatory surgical or medical center will be considered on the same basis as those provided during hospital confinement.

“Injury” means bodily injury which results from an accident that happens while this policy is in force and causes loss covered by this policy. “Any one injury” includes all injuries from any one accident.

“Medicare” means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

“Medicare-eligible Expense” means expense of the kind covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

“Policy Schedule” means the Policy Schedule attached to this policy. The Policy Date, First Renewal Date, and First Premium are shown in the Policy Schedule.

“Sickness” means illness or disease which first manifests itself after the policy date and while the policy is in force.

“Skilled Nursing Facility” means a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services at a level of care that can only be performed safely and correctly by a licensed nurse (RN or LPN).

SECTION B

BASIC BENEFITS

The following benefits are included in the policy:

(a) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare, from the 61st day through the 90th day in any Medicare benefit period.

(b) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

SECTION B

BASIC BENEFITS (cont.)

(c) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospital confinement paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept our payment as payment in full and may not bill you for any balance.

(d) Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

(e) Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare-eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

(f) Coverage of cost sharing for all Medicare Part A Medicare-eligible hospice care and respite care expenses.

SECTION C

ADDITIONAL BENEFITS

In addition to the Basic Benefits in Section B of the policy, the following additional benefits are included in the policy:

(a) Coverage for 100% of the Medicare Part A inpatient hospital deductible amount each benefit period.

(b) Coverage for the actual billed charges up to the coinsurance amount from the 21st through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.

(c) Coverage for 100% of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

(d) Coverage for 100% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

(e) Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, doctor, and medical care received in a foreign country, for care which would have been covered by Medicare if provided in the United States and for care which began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250 and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or sickness of sudden and unexpected onset.

SECTION D

MEDICAID ELIGIBILITY

If while this policy is in force you become entitled to medical assistance under Title XIX of the Social Security Act (Medicaid), benefits and premiums under this policy shall be suspended at your request. Such suspension shall apply only if you notify us within 90 days after you become entitled to Medicaid, and the maximum period for which such suspension will last shall be 24 months. Upon receipt of timely notice of your Medicaid entitlement, we shall refund to you that portion of paid premium attributable to the period of your Medicaid eligibility, subject to adjustment for paid claims. If following suspension of policy benefits and premiums you lose entitlement to Medicaid, the policy shall be automatically reinstituted effective as of the date you lost Medicaid entitlement. In order for the policy to be reinstituted, you must notify us within 90 days after the date you lose Medicaid entitlement, and you must pay any premium attributable to the period, effective as of the date of termination of entitlement. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION E

SOCIAL SECURITY DISABILITY ELIGIBILITY

If while this policy is in force, you are entitled to benefits under section 226(b) of the Social Security Act and you are covered under a group health plan (as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act), the benefits and premiums under this policy shall be suspended (for any period that may be provided by federal regulation) at your request. If following suspension of policy benefits and premiums you lose coverage under the group health plan, the policy shall be automatically reinstituted. In order for the policy to be reinstituted, effective as of the date of loss of coverage, you must notify us within 90 days after the date of the loss and pay any premium attributable to the period, effective as of the date of termination of enrollment in the group health plan. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION F

LIMITATIONS

This policy does not cover loss resulting from: that portion of any expense for which payment is provided under "Medicare".

SECTION G

GENERAL PROVISIONS

Entire Contract; Changes: This policy with the application and any attached papers is the entire contract. No change in this policy will be effective until approved by one of our officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

Time Limit on Certain Defenses: After two years from the Policy Date, no misstatements made by you in the application for this policy shall be used to void this policy or to deny a claim for loss incurred after the expiration of such two-year period, except in the case of fraud.

Grace Period: You have a 31 day grace period from the due date of each renewal premium in which to make payment. During this time, the policy shall remain in force.

Reinstatement: If any renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us (or by any agent duly authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If we or our agent require an application, and you are given a conditional receipt for the premium, the policy will be reinstated as of the approval date of the application. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless we have previously written you of our disapproval.

The reinstated policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects both your and our rights remain the same. Any premium accepted to reinstate, will be used to pay back premiums due, but not more than 60 days prior to the reinstatement date.

Notice of Claim: Written notice of claim must be given to us within 90 days after a covered loss starts or as soon as reasonably possible. The notice can be given to us at our [Administrative Office, Clearwater, Florida], or to our agent. Notice should include your name and the policy number.

Claim Forms: When we receive the notice of claim, we will furnish the forms for filing proof of loss. If we fail to furnish these forms within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within one year after the loss.

Proofs of Loss: Completed claim forms and other proofs of loss should be sent to our [Administrative Office] within 90 days after such loss. If it is not possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof of loss must be sent to us no later than one year from the time specified, unless you were legally incapacitated.

SECTION G

GENERAL PROVISIONS (cont.)

Time of Payment of Claims: Benefits payable under this policy will be paid immediately upon receipt of proper proof of loss.

Payment of Claims: Any benefits payable at your death may be paid either to your beneficiary or estate. All other benefits will be payable to you. We may pay any benefits due at your death of less than \$1,000 to any relative by blood or marriage who seems most equitably entitled to them. Any payment made by us under this provision shall fully discharge our obligation to the extent of such payment.

Physical Examinations: We have the right to have you examined at our expense, as often as reasonably necessary while a claim is pending.

Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Change of Beneficiary: You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in this policy, unless the beneficiary is irrevocable.

Assignment: Any assignment of this policy must be made in writing. We will not be deemed to know of an assignment unless the original or duplicate thereof is filed at our [Administrative Office]. We assume no responsibility for the validity of any assignment.

Misstatement of Age: If your age has been misstated, the benefits will be those the premium paid would have purchased at the correct age.

Conformity With State Statutes: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of such laws.

Illegal Occupation: We shall not be liable for any loss caused by your commission of or attempt to commit a felony or which was caused by your being engaged in an illegal occupation.

Extension of Benefits: Any termination of this policy shall be without prejudice to any continuous loss which began while the policy was in force. In no event however will benefits, after the policy terminates, extend beyond: (a) the end of your continuous total disability or (b) the end of any policy benefit periods or specified maximums, whichever occurs first. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

Admiral Life Insurance
Company of America

A legal reserve stock company

MEDICARE
SUPPLEMENT
POLICY - PLAN F

FSM-5(10)

AR (30)

Admiral Life Insurance Company of America

Policy Schedule

Name of Insured: _____

Age and Sex _____/_____

Tobacco User [Yes] [No]

Policy Number: _____

Policy Date: _____

First Renewal Date: _____

INITIAL PREMIUMS for PLAN F

Annual \$ _____

Semi-Annual \$ _____

Quarterly \$ _____

Monthly \$ _____

THIS POLICY COVERS THE FOLLOWING ITEMS

Medicare's Part A Initial Hospital Deductible

Medicare's Hospital Co-pay 61st through 90th day of confinement

Medicare's Hospital Co-pay 91st day on for 60 lifetime reserve days

Medicare's Skilled Nursing Facility Co-pay for the 21st through 100th day of confinement

Medicare's Part B Deductible

The dollar amounts of the above items are usually changed by Medicare on January 1st of each year.

We will notify you of the new amounts before January 1st each year.

POLICY INFORMATION

Claim handling and policyholder services are provided by our [Administrative Office at: Admiral Life Insurance Company of America, P.O. Box 10860, Clearwater, FL 33757-8860, telephone 1-800-987-1593].

The agent through which your policy was issued is:

_____, _____

_____, telephone _____

If we at Admiral Life Insurance Company of America fail to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Service Division, 1200 West Third Street, Little Rock, AR 72201-1904, telephone: (501) 371-2640 or 1-800-852-5494.

MEDICARE SUPPLEMENT POLICY - PLAN G

Admiral Life Insurance Company of America

A LEGAL RESERVE STOCK COMPANY

Notice to Buyer: This policy may not
cover all of your medical expenses.

[Administrative Office
P.O. Box 10860

(800) 987-1593
Clearwater, FL 33757-8860]

ADMIRAL LIFE INSURANCE COMPANY of AMERICA, called "we," "our" or "us" in this policy, insures you for certain medical expenses due to sickness or injury; subject to all the provisions and exceptions of this policy.

CONSIDERATION: We issue this policy based on: (1) what you say in your application, a copy of which is made a part of this policy; and (2) payment in advance of the First Premium for the term that ends on the First Renewal Date.

YOUR RIGHT TO EXAMINE POLICY: Within 30 days after you get this policy, you may return it to us or one of our agents if you are not pleased. Upon such return, this policy shall be void from the start and we will give back all premium paid.

PREMIUMS: Each Renewal Premium is due at the end of the term for which the last premium was paid. The payment of a premium shall not keep this policy in force past the end of the term for which it was paid; except as stated under "Grace Period". Upon the death of the insured, or upon the written request of the insured to cancel the policy, we will refund the unearned premiums paid for any period beyond the end of the policy month in which death occurred or cancellation was requested.

TERMS - EFFECTIVE DATE: The term of this policy begins at 12:01 P.M. standard time at your residence on the Policy Date. Subject to the Grace Period provision, it ends at 12:01 P.M. on the date any renewal premium is due and not paid. Each renewal term ends on the date the next premium is due.

POLICY GUARANTEED RENEWABLE FOR LIFE AT YOUR OPTION SUBJECT TO OUR TABLE OF PREMIUM RATES IN EFFECT AT TIME OF RENEWAL

This policy may be renewed for another term by the payment, before the grace period ends, of the renewal premium for such term at the rate in effect at the time of such renewal. We cannot cancel or refuse to renew this policy. We reserve only the right to change the table of premiums for this Policy at any time and from time to time. Any such change shall apply only to premiums due on or after the date of such change. No change in the premium or in this policy may be made by us solely because of a change in your health or job, nor solely because of claims under this policy. We will notify you in writing at least 31 days prior to any premium change. Benefits of this policy will change with changes in Medicare and premiums may change accordingly.

IMPORTANT NOTICE: Please read carefully the copy of your application attached to this policy. Write to us within ten days, if it is not correct and complete. Your application is part of your policy. The policy was issued on the basis that what is shown in your application is correct and complete.

This policy takes effect on the Policy Date shown in the Policy Schedule.

[]
Secretary

[]
President

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SECTION A

THE MEANING OF TERMS AS USED IN THIS POLICY

“Benefit Period” means one period of time that starts on the first full day of hospital confinement and goes on to the end of a period of at least sixty (60) days during which there has been no hospital care nor skilled nursing facility care.

“Doctor” means a person other than yourself or a member of your immediate family, who is licensed by the state in which services are rendered to treat the type of injury or sickness causing the covered expenses.

“Expense” means expense you incur for necessary medical services or supplies prescribed by a doctor. Expense for services or supplies will be deemed to be incurred on the date or dates such services or supplies are received by you. Expense must be incurred while this policy is in force.

“Hospital Confinement” means confinement in a hospital licensed by the state to treat sick or injured persons as resident bed patients. “Hospital” does not include a place or part of any place used as a nursing home, convalescent home, rest home, home for the aged, a place that mainly gives custodial care, or similar place. Confinement in an accredited rehabilitation hospital providing treatment for physical disability will be considered as hospital confinement. Covered services provided by a licensed ambulatory surgical or medical center will be considered on the same basis as those provided during hospital confinement.

“Injury” means bodily injury which results from an accident that happens while this policy is in force and causes loss covered by this policy. “Any one injury” includes all injuries from any one accident.

“Medicare” means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

“Medicare-eligible Expense” means expense of the kind covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

“Policy Schedule” means the Policy Schedule attached to this policy. The Policy Date, First Renewal Date, and First Premium are shown in the Policy Schedule.

“Sickness” means illness or disease which first manifests itself after the policy date and while the policy is in force.

“Skilled Nursing Facility” means a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services at a level of care that can only be performed safely and correctly by a licensed nurse (RN or LPN).

SECTION B

BASIC BENEFITS

The following benefits are included in the policy:

(a) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare, from the 61st day through the 90th day in any Medicare benefit period.

(b) Coverage of Part A Medicare-eligible expenses for hospital confinement to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

SECTION B

BASIC BENEFITS (cont.)

(c) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospital confinement paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept our payment as payment in full and may not bill you for any balance.

(d) Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

(e) Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare-eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

(f) Coverage of cost sharing for all Medicare Part A Medicare-eligible hospice care and respite care expenses.

SECTION C

ADDITIONAL BENEFITS

In addition to the Basic Benefits in Section B of the policy, the following additional benefits are included in the policy:

(a) Coverage for 100% of the Medicare Part A inpatient hospital deductible amount each benefit period.

(b) Coverage for the actual billed charges up to the coinsurance amount from the 21st through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A.

(c) Coverage for 100% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

(d) Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, doctor, and medical care received in a foreign country, for care which would have been covered by Medicare if provided in the United States and for care which began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250 and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or sickness of sudden and unexpected onset.

SECTION D

MEDICAID ELIGIBILITY

If while this policy is in force you become entitled to medical assistance under Title XIX of the Social Security Act (Medicaid), benefits and premiums under this policy shall be suspended at your request. Such suspension shall apply only if you notify us within 90 days after you become entitled to Medicaid, and the maximum period for which such suspension will last shall be 24 months. Upon receipt of timely notice of your Medicaid entitlement, we shall refund to you that portion of paid premium attributable to the period of your Medicaid eligibility, subject to adjustment for paid claims. If following suspension of policy benefits and premiums you lose entitlement to Medicaid, the policy shall be automatically reinstituted effective as of the date you lost Medicaid entitlement. In order for the policy to be reinstituted, you must notify us within 90 days after the date you lose Medicaid entitlement, and you must pay any premium attributable to the period, effective as of the date of termination of entitlement. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION E

SOCIAL SECURITY DISABILITY ELIGIBILITY

If while this policy is in force, you are entitled to benefits under section 226(b) of the Social Security Act and you are covered under a group health plan (as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act), the benefits and premiums under this policy shall be suspended (for any period that may be provided by federal regulation) at your request. If following suspension of policy benefits and premiums you lose coverage under the group health plan, the policy shall be automatically reinstituted. In order for the policy to be reinstituted, effective as of the date of loss of coverage, you must notify us within 90 days after the date of the loss and pay any premium attributable to the period, effective as of the date of termination of enrollment in the group health plan. Such reinstituted policy shall have no new preexisting waiting period and premiums shall be in the same rate class as that prior to the policy suspension.

SECTION F

LIMITATIONS

This policy does not cover loss resulting from: that portion of any expense for which payment is provided under "Medicare".

SECTION G

GENERAL PROVISIONS

Entire Contract; Changes: This policy with the application and any attached papers is the entire contract. No change in this policy will be effective until approved by one of our officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

Time Limit on Certain Defenses: After two years from the Policy Date, no misstatements made by you in the application for this policy shall be used to void this policy or to deny a claim for loss incurred after the expiration of such two-year period, except in the case of fraud.

Grace Period: You have a 31 day grace period from the due date of each renewal premium in which to make payment. During this time, the policy shall remain in force.

Reinstatement: If any renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us (or by any agent duly authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If we or our agent require an application, and you are given a conditional receipt for the premium, the policy will be reinstated as of the approval date of the application. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless we have previously written you of our disapproval.

The reinstated policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects both your and our rights remain the same. Any premium accepted to reinstate, will be used to pay back premiums due, but not more than 60 days prior to the reinstatement date.

Notice of Claim: Written notice of claim must be given to us within 90 days after a covered loss starts or as soon as reasonably possible. The notice can be given to us at our [Administrative Office, Clearwater, Florida], or to our agent. Notice should include your name and the policy number.

Claim Forms: When we receive the notice of claim, we will furnish the forms for filing proof of loss. If we fail to furnish these forms within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within one year after the loss.

Proofs of Loss: Completed claim forms and other proofs of loss should be sent to our [Administrative Office] within 90 days after such loss. If it is not possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof of loss must be sent to us no later than one year from the time specified, unless you were legally incapacitated.

SECTION G

GENERAL PROVISIONS (cont.)

Time of Payment of Claims: Benefits payable under this policy will be paid immediately upon receipt of proper proof of loss.

Payment of Claims: Any benefits payable at your death may be paid either to your beneficiary or estate. All other benefits will be payable to you. We may pay any benefits due at your death of less than \$1,000 to any relative by blood or marriage who seems most equitably entitled to them. Any payment made by us under this provision shall fully discharge our obligation to the extent of such payment.

Physical Examinations: We have the right to have you examined at our expense, as often as reasonably necessary while a claim is pending.

Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Change of Beneficiary: You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in this policy, unless the beneficiary is irrevocable.

Assignment: Any assignment of this policy must be made in writing. We will not be deemed to know of an assignment unless the original or duplicate thereof is filed at our [Administrative Office]. We assume no responsibility for the validity of any assignment.

Misstatement of Age: If your age has been misstated, the benefits will be those the premium paid would have purchased at the correct age.

Conformity With State Statutes: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of such laws.

Illegal Occupation: We shall not be liable for any loss caused by your commission of or attempt to commit a felony or which was caused by your being engaged in an illegal occupation.

Extension of Benefits: Any termination of this policy shall be without prejudice to any continuous loss which began while the policy was in force. In no event however will benefits, after the policy terminates, extend beyond: (a) the end of your continuous total disability or (b) the end of any policy benefit periods or specified maximums, whichever occurs first. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

Admiral Life Insurance
Company of America

A legal reserve stock company

MEDICARE
SUPPLEMENT
POLICY - PLAN G

Admiral Life Insurance Company of America

Policy Schedule

Name of Insured: _____

Age and Sex _____ / _____

Tobacco User [Yes] [No]

Policy Number: _____

Policy Date: _____

First Renewal Date: _____

INITIAL PREMIUMS for PLAN G

Annual \$ _____

Semi-Annual \$ _____

Quarterly \$ _____

Monthly \$ _____

THIS POLICY COVERS THE FOLLOWING ITEMS

Medicare's Part A Initial Hospital Deductible

Medicare's Hospital Co-pay 61st through 90th day of confinement

Medicare's Hospital Co-pay 91st day on for 60 lifetime reserve days

Medicare's Skilled Nursing Facility Co-pay for the 21st through 100th day of confinement

The dollar amounts of the above items are usually changed by Medicare on January 1st of each year.
We will notify you of the new amounts before January 1st each year.

POLICY INFORMATION

Claim handling and policyholder services are provided by our [Administrative Office at: Admiral Life Insurance Company of America, P.O. Box 10860, Clearwater, FL 33757-8860, telephone 1-800-987-1593].

The agent through which your policy was issued is:

_____, _____

_____, telephone _____

If we at Admiral Life Insurance Company of America fail to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Service Division, 1200 West Third Street, Little Rock, AR 72201-1904, telephone: (501) 371-2640 or 1-800-852-5494.

MEDICARE SUPPLEMENT INSURANCE APPLICATIONApplication to ***Admiral Life Insurance Company of America***

[Administrative Office: P.O. Box 10860, Clearwater, FL 33757-8860]

Deferred Effective Date Requested: _____

Administrative
Use

Policy No. _____

Effective Date _____

1. Applicant's Name (Print)				Date of Birth				Height		Weight	
Last	First	Initial	Sex	Mo.	Day	Year	Age	_____ ft _____ in.		_____ lbs.	
Address			City			State		Zip	Telephone No.		
Social Security No.				PLAN (circle one)				A D F G			
Medicare Card No.				Premium				\$ _____			
Branch Office Number _____				Total Premium				\$ _____			
Agent 's Printed Name _____				Pers. Code # _____				Bank Plan? Check mode of payment:			
G.A. Printed Name _____				Pers. Code # _____				() Yes () Annually () Quarterly			
								() No () Semi-Annually () Monthly (PAC)			
								Mail Policy to: () Applicant () Agent			

◆ You do not need more than one Medicare supplement policy. ◆ If you purchase this policy, you may want to evaluate your existing health coverage, and decide if you need multiple coverages. ◆ You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy. ◆ If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. ◆ If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. ◆ Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low Income Medicare Beneficiary (SLMB).

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge:

2. (a) Did you turn age 65 in the last 6 months? Yes () No ()
(b) Did you enroll in Medicare Part B in the last 6 months? Yes () No ()
(c) If YES, what is the effective date? _____
3. Are you covered for medical assistance through the state Medicaid program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.) Yes () No ()
If YES, (a) Will Medicaid pay your premiums for this Medicare supplement policy? Yes () No ()
(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?
Yes () No ()
4. (a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "End" blank. Start _____ End _____
(b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy? Yes () No ()
(c) Was this your first time in this type of Medicare plan? Yes () No ()
(d) Did you drop a Medicare supplement policy to enroll in the Medicare plan? Yes () No ()

5. Do you have another Medicare supplement policy in force? Yes () No ()
 (a) If so, with what company, and what plan do you have? _____

 (b) If so, do you intend to replace your current Medicare supplement policy with this policy? Yes () No ()
6. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan) Yes () No ()
 (a) If so, with what company and what kind of policy? _____

 (b) What are your dates of coverage under the other policy? Start _____ End _____ (If you are still covered under the other policy, leave "End" blank.)

Applicants eligible for **GUARANTEE ISSUE or OPEN ENROLLMENT** need not answer questions 7-12.

7. Have you used tobacco in any form within the past 12 months? Yes () No ()
8. **Within the past two years have you been diagnosed with, received medical advice, treatment, or surgery for, or been told by a medical professional that you need treatment or surgery for any of the following conditions** (circle all that apply):
 Internal cancer; melanoma; osteoporosis with fractures; arthritis restricting mobility or activities of daily living; kidney failure; renal insufficiency; kidney disease requiring dialysis; Addison's Disease; any condition requiring an organ transplant; mental disorders; mental deficiency; dementia; Alzheimer's Disease; Parkinson's Disease; any disorder of the central nervous system such as multiple sclerosis, muscular dystrophy, or cerebral palsy; chronic lung disease or respiratory disorder requiring the use of an inhaler or oxygen; cirrhosis of the liver; alcohol or drug abuse; stroke; transient ischemic attack (TIA); anemia requiring blood transfusions or any other blood disorder; hepatitis or disorder of the pancreas; congestive heart failure; heart attack; unrepaired aneurysm; peripheral vascular disease; uncontrolled diabetes or complications of diabetes; any condition causing you to require assistance with activities of daily living; any type of progressive terminal disease; acquired immune deficiency syndrome (AIDS), AIDS Related Complex (ARC)*? Yes () No ()
 * Aids Related Complex is a condition with signs and symptoms which may include generalized lymphadenopathy (swollen lymph nodes), loss of appetite, weight loss, fever, oral thrush, skin rashes, unexplained infections, dementia, depression or other psychoneurotic disorders with no known cause.
9. **Have you been** hospital confined 4 or more times in the past two years? Yes () No ()
10. **Within the past six months have you been diagnosed with, received medical advice, treatment, or surgery for:**
 (a) Artery blockage; heart valve disorder; or uncontrolled hypertension? Yes () No ()
 (b) Any type of skin cancer? Yes () No ()
 (c) Have you received home health care within the past 6 months? Yes () No ()
11. **Are you now:**
 (a) Suffering from paralysis or any type of amputation due to disease? Yes () No ()
 (b) Confined, or awaiting admission to a hospital or nursing home, or have you been discharged from a hospital or nursing home within the past ten days? Yes () No ()
 (c) Suffering from any condition for which a doctor has advised you to have tests, surgery, treatment or further evaluation that has not been performed, or are there any test results pending? Yes () No ()
 (d) Suffering from Down's Syndrome or Huntington's Disease? Yes () No ()
12. Have you ever been advised by a medical professional that you have tested HIV positive? Yes () No ()

Name and Address of your doctor who can provide information regarding health history: _____
 _____ Doctor's Telephone # _____

Details of "YES" answers to 7-12. If more space is needed, attach an additional page.

Question Number	Date	Type of Injury or Illness	Doctor/Hospital & Address	Fully Recovered	Medication Taken

Amount paid to agent with this application: \$ _____ for the first _____ premium. I agree that all answers above are true and complete to the best of my knowledge, and I understand that my eligibility for coverage will be determined based on my responses shown on this application. I understand the agent cannot waive any of the Company's rights or make any changes in the policy.

I acknowledge receipt of an Outline of Coverage and a **"Guide to Health Insurance for People with Medicare"**.

Signed at _____ this _____ day of _____, 20_____.

Applicant's Signature **X** _____

I certify that I have truly and accurately recorded herein the information given by the Applicant.

Licensed Agent's Signature **X** _____

ARKANSAS RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AUTHORIZATION to OBTAIN and DISCLOSE INFORMATION:

Admiral Life Insurance Company of America (referred to as Admiral Life), its reinsurers, insurance support organizations, and their authorized representative, may obtain medical and other information in order to evaluate my application for insurance or to determine eligibility for benefits under an existing policy.

Any physician, practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, the Medical Information Bureau, Inc., my employer and consumer reporting agency or insurance company who possesses information of care, treatment or advice of me may furnish such information to Admiral Life or its representatives upon presenting this authorization or a photocopy.

This authorization includes information about drugs, alcoholism or mental illness.

Admiral Life will not share personal customer information outside Admiral Life for any purpose other than the underwriting or administration of a customer's policy or for marketing of additional Admiral Life products unless the disclosure has been authorized by the customer or is permitted or required by law.

This authorization will be valid from the date signed for a period of two years.

I authorize Admiral Life to obtain an investigative consumer report on me.

I have read this authorization and know I may request a copy of it, and that I may revoke this authorization at any time by notifying Admiral Life in writing of my wish to revoke this authorization.

☐ I elect to be interviewed if an investigative consumer report is prepared in connection with this application.

☐ I elect not to have personal information disclosed to non-affiliates of Admiral Life for marketing purposes and to affiliates of Admiral Life for purposes other than the marketing of insurance products and services.

Applicant's Printed Name _____

Date _____

Applicant's Signature **X** _____

AGENT'S STATEMENT

List all health insurance policies that you have sold to the applicant: _____

Of the above policies, list the policies you sold which are currently in force: _____

List the policies you sold to this applicant in the last five years that are no longer in force: _____

I certify that the above information is correct and complete to the best of my knowledge.

Agent's Signature _____

Date _____

GUARANTEED ISSUE FOR ELIGIBLE PERSONS

(A) Guaranteed Issue:

- (1) Eligible persons are those individuals described in subsection (B) who seek to enroll under the policy during the period specified in subsection (C), and who submit evidence of the date of termination, disenrollment, or Medicare Part D enrollment with the application for a Medicare supplement policy.
- (2) We shall not deny or condition the issuance or effectiveness of a Medicare Supplement policy described in subsection (E) that is offered and is available for issuance to new enrollees, and shall not discriminate in the pricing of a Medicare Supplement policy because of the health status, claims experience, receipt of health care, or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under a Medicare Supplement policy.

(B) Eligible Persons:

An eligible person is an individual described in any of the following paragraphs:

- (1) The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates, or the plan ceases to provide some or all such supplemental health benefits to the individual; or the individual is enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates or the plan ceases to provide some or all health benefits to the individual; or the individual leaves the plan, whether the plan is primary or secondary with Medicare.
- (2) The individual is enrolled with a Medicare Advantage organization under a Medicare Advantage plan under Part C of Medicare, and any of the following circumstances apply, or the individual is 65 years of age or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under Section 1894 of the Social Security Act, and there are circumstances similar to those described below that would permit discontinuance of the individual's enrollment with such provider if such individual were enrolled in a Medicare Advantage plan:
 - (a) The certification of the organization or plan has been terminated;
 - (b) The organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides;
 - (c) The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the Secretary, but not including termination of the individual's enrollment on the basis described in section 1851(g)(3)(B) of the federal Social Security Act (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under section 1856); or the plan is terminated for all individuals within a residence area;
 - (d) The individual demonstrates, in accordance with guidelines established by the Secretary, that:
 - (i) The organization offering the plan substantially violated a material provision of the organization's contract under this part in relation to the individual, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or
 - (ii) The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or
 - (e) The individual meets such other exceptional conditions as the Secretary may provide.
- (3)
 - (a) The individual is enrolled with:
 - (i) An eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost);
 - (ii) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999;
 - (iii) An organization under an agreement under Section 1833(a)(1)(A) of the Social Security Act (health care prepayment plan); or
 - (iv) An organization under a Medicare Select policy; and
 - (b) The enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under subsection (B)(2).
- (4) The individual is enrolled under a Medicare Supplement policy and the enrollment ceases because:
 - (a)
 - (i) Of the insolvency of the issuer or bankruptcy of the nonissuer organization; or
 - (ii) Of other involuntary termination of coverage or enrollment under the policy;
 - (b) The issuer of the policy substantially violated a material provision of the policy;
 - (c) The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual.
- (5)
 - (a) The individual was enrolled under a Medicare Supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any Medicare Advantage organization under a Medicare Advantage plan under Part C of Medicare, any eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under Section 1894 of the Social Security Act, or a Medicare Select policy; and
 - (b) The subsequent enrollment under subparagraph (a) is terminated by the enrollee during any period within the first 12 months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under Section 1851(e) of the federal Social Security Act); or

- (B) (6) The individual, upon first becoming eligible for benefits under Part A of Medicare at age 65, enrolls in a Medicare Advantage plan under Part C of Medicare, or with a PACE provider under Section 1894 of the Social Security Act, and disenrolls from the plan or program by not later than 12 months after the effective date of enrollment.
- (7) The individual enrolls in a Medicare Part D plan during the initial enrollment period and, at the time of enrollment in Part D, was enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and the individual terminates enrollment in the Medicare Supplement policy and submits evidence of enrollment in Medicare Part D along with the application for a policy described in paragraph (E)3.

(C) Guaranteed Issue Time Periods

- (1) In the case of an individual, described in subsection (B)(1), the guaranteed issue period begins on the later of: (i) the date the individual receives a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of a termination or cessation) or (ii) the date that the applicable coverage terminates or ceases; and ends sixty-three (63) days thereafter;
- (2) In the case of an individual, described in subsection (B)(2), (B)(3), (B)(5) or (B)(6), whose enrollment is terminated involuntarily, the guaranteed issue period begins on the date that the individual receives a notice of termination and ends sixty-three (63) days after the date the applicable coverage is terminated;
- (3) In the case of an individual described in subsection (B)(4)(a), the guaranteed issue period begins on the earlier of: (i) the date that the individual receives a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any, or (ii) the date that the applicable coverage is terminated, and ends on the date that is sixty-three (63) days after the date the coverage is terminated;
- (4) In the case of an individual, described in Subsection (B)(2), (B)(4)(b), (B)(4)(c), (B)(5) or (B)(6), who disenrolls voluntarily, the guaranteed issue period begins on the date that is sixty (60) days before the effective date of the disenrollment and ends on the date that is sixty-three (63) days after the effective date;
- (5) In the case of an individual described in (B)(7), the guaranteed issue period begins on the date the individual receives notice pursuant to section 1882(v)(2)(B) of the Social Security Act from the Medicare Supplement issuer during the sixty (60) day period immediately preceding the initial Part D enrollment period and ends on the date that is sixty-three (63) days after the effective date of the individuals coverage under Medicare Part D; and
- (6) In the case of an individual described in subsection (B) but not described in the preceding provisions of this subsection, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is sixty-three (63) days after the effective date.

(D) Extended Medigap Access for Interrupted Trial Periods

- (1) In the case of an individual described in subsection (B)(5) (or deemed to be so described, pursuant to this paragraph) whose enrollment with an organization or provider described in subsection (B)(5)(a) is involuntarily terminated within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls with another organization or provider, the subsequent enrollment shall be deemed to be an initial enrollment described in subsection (B)(5).
- (2) In the case of an individual described in subsection (B)(6) (or deemed to be so described, pursuant to this paragraph) whose enrollment with a plan or in a program described in subsection (B)(6) is involuntarily terminated within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls in another such plan or program, the subsequent enrollment shall be deemed to be an initial enrollment described in subsection (B)(6); and
- (3) For purposes of subsection (B)(5) and (B)(6), no enrollment of an individual with an organization or provider described in subsection (B)(5)(a), or with a plan or in a program described in subsection (B)(6), may be deemed to be an initial enrollment under this paragraph after the two-year period beginning on the date on which the individual first enrolled with such an organization, provider, or program.

(E) Products to Which Eligible Persons are Entitled.

The Medicare Supplement policy to which eligible persons are entitled under:

- (1) Section (B)(1), (2), (3), and (4) is a Medicare Supplement policy which has a benefit package classified as Plan A, B, C, or F (including F with a high deductible), K or L offered by any issuer.
 - (a) Subject to section (b), section (B)(5) is the same Medicare Supplement policy in which the individual was most recently previously enrolled, if available from the same issuer, or, if not so available, a policy described in Subsection E(1).
 - (b) After December 31, 2005, if the individual was most recently enrolled in a Medicare Supplement policy with an outpatient prescription drug benefit, a Medicare Supplement policy described in this subparagraph is:
 - (i) the policy available from the same issuer but modified to remove the outpatient prescription drug coverage; or
 - (ii) at the election of the policyholder, an A, B, C, F (including F with a high deductible), K or L policy that is offered by any issuer;
- (2) Section (B)(6) shall include any Medicare Supplement policy offered by any issuer.
- (3) Section (B)(7) is a Medicare Supplement policy that has a benefit package classified as Plan A, B, C, F (including F with a high deductible), K or L, and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's Medicare Supplement policy with outpatient prescription drug coverage.

ADMIRAL LIFE INSURANCE COMPANY of AMERICA
[MEDICARE SUPPLEMENT ADMINISTRATIVE OFFICE: P.O. BOX 10860, CLEARWATER, FLORIDA 33757-8860]
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

BENEFIT PLANS A, D, F and G ARE OFFERED

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

Plans E, H, I and J are no longer available for sale.

See Outlines of Coverage sections for details about ALL plans.

BASIC BENEFITS:

HOSPITALIZATION: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

MEDICAL EXPENSES: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayment for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

BLOOD: First three pints of blood each year.

HOSPICE: Part A coinsurance

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency
K		L		M		N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%		Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%		Basic, including 100% Part B coinsurance		Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance		75% Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
50% Part A Deductible		75% Part A Deductible		50% Part A Deductible		Part A Deductible
				Foreign Travel Emergency		Foreign Travel Emergency
Out of pocket limit [\$4620]; paid at 100% after limit reached.		Out of pocket limit [\$2310]; paid at 100% after limit reached.				

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed [\$2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

PREMIUM RATES FOR ADMIRAL LIFE INSURANCE COMPANY

	ANNUAL	SEMI--ANNUAL	QUARTERLY	MONTHLY
PLAN A				
	ZIP REGION: 722, 723			
NON-TOBACCO	[\$1,353.00	\$703.56	\$358.55	\$113.65]
TOBACCO	[\$1,624.00	\$844.48	\$430.36	\$136.42]
	ZIP REGION: 727			
NON-TOBACCO	[\$1,218.00	\$633.36	\$322.77	\$102.31]
TOBACCO	[\$1,461.00	\$759.72	\$387.17	\$122.72]
	ZIP REGION: 716-721, 724-726, 728-729			
NON-TOBACCO	[\$1,082.00	\$562.64	\$286.73	\$90.89]
TOBACCO	[\$1,299.00	\$675.48	\$344.24	\$109.12]
PLAN D				
	ZIP REGION: 722, 723			
NON-TOBACCO	[\$1,725.00	\$897.00	\$457.13	\$144.90]
TOBACCO	[\$2,070.00	\$1,076.40	\$548.55	\$173.88]
	ZIP REGION: 727			
NON-TOBACCO	[\$1,552.00	\$807.04	\$411.28	\$130.37]
TOBACCO	[\$1,863.00	\$968.76	\$493.70	\$156.49]
	ZIP REGION: 716-721, 724-726, 728-729			
NON-TOBACCO	[\$1,379.00	\$717.08	\$365.44	\$115.84]
TOBACCO	[\$1,657.00	\$861.64	\$439.11	\$139.19]
PLAN F				
	ZIP REGION: 722, 723			
NON-TOBACCO	[\$1,863.00	\$968.76	\$493.70	\$156.49]
TOBACCO	[\$2,236.00	\$1,162.72	\$592.54	\$187.82]
	ZIP REGION: 727			
NON-TOBACCO	[\$1,678.00	\$872.56	\$444.67	\$140.95]
TOBACCO	[\$2,013.00	\$1,046.76	\$533.45	\$169.09]
	ZIP REGION: 716-721, 724-726, 728-729			
NON-TOBACCO	[\$1,763.00	\$916.76	\$467.20	\$148.09]
TOBACCO	[\$2,136.00	\$1,110.72	\$566.04	\$179.42]
PLAN G				
	ZIP REGION: 722, 723			
NON-TOBACCO	[\$1,568.00	\$815.36	\$415.52	\$131.71]
TOBACCO	[\$1,882.00	\$978.64	\$498.73	\$158.09]
	ZIP REGION: 727			
NON-TOBACCO	[\$1,578.00	\$820.56	\$418.17	\$132.55]
TOBACCO	[\$1,913.00	\$994.76	\$506.95	\$160.69]
	ZIP REGION: 716-721, 724-726, 728-729			
NON-TOBACCO	[\$1,391.00	\$723.32	\$368.62	\$116.84]
TOBACCO	[\$1,689.00	\$878.28	\$447.59	\$141.88]

PREMIUM INFORMATION

We, Admiral Life Insurance Company of America, can only raise your premium if we raise the premium for all policies like yours in this State.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Admiral Life Insurance Company of America.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to our [Medicare Supplement Administrative Office at P.O. Box 10860, Clearwater, Florida 33757-8860]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither Admiral Life Insurance Company of America nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare and You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

ADMIRAL LIFE INSURANCE COMPANY of AMERICA

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but [\$1,100] All but [\$275] a day All but [\$550] a day \$0 \$0	\$0 [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	[\$1,100] (Part A Deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 \$0 \$0	\$0 Up to [\$137.50] a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayments/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$155] of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally, 80%	\$0 Generally, 20%	[\$155] (Part B Deductible) \$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 [\$155] (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 [\$155] (Part B Deductible) \$0

ADMIRAL LIFE INSURANCE COMPANY of AMERICA

PLAN D

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but [\$1,100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1,100] (Part A Deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayments/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$155] of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally, 80%	\$0 Generally, 20%	[\$155] (Part B Deductible) \$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 [\$155] (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and and medical supplies -Durable medical equipment First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 [\$155] (Part B Deductible) \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

ADMIRAL LIFE INSURANCE COMPANY of AMERICA

PLAN F

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but [\$1,100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1,100] (Part A Deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayments/coinsurance	\$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$155] of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally, 80%	[\$155] (Part B Deductible) Generally, 20%	\$0 \$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs [\$155] (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 [\$155] (Part B Deductible) 20%	\$0 \$0 \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

ADMIRAL LIFE INSURANCE COMPANY of AMERICA

PLAN G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but [\$1,100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1,100] (Part A Deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayments/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$155] of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally, 80%	\$0 Generally, 20%	[\$155] (Part B Deductible) \$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 [\$155] (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First [\$155] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 [\$155] (Part B Deductible) \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

SERFF Tracking Number: IASL-126649213 State: Arkansas

Filing Company: Admiral Life Insurance Company of America State Tracking Number: 45820

Company Tracking Number: AL 2010 AR FORMS

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010

Product Name: AL 2010 AR Forms

Project Name/Number: AL 2010 AR Forms/

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 06/01/2010	Rate Sheet Plan A	ASM-5(10)	New		AR ASM-5 Rate Sheet.pdf
Approved 06/01/2010	Rate Sheet Plan D	DSM-5(10)	New		AR DSM-5 Rate Sheet.pdf
Approved 06/01/2010	Rate Sheet Plan F	FSM-5(10)	New		AR FSM-5 Rate Sheet.pdf
Approved 06/01/2010	Rate Sheet Plan G	GSM-5(10)	New		AR GSM-5 Rate Sheet.pdf

Admiral Life Insurance Company of America
Standardized Medicare Supplement – Plan A
Form #ASM-5(10)

Attachment A
Rate Sheet

The following rates are proposed for this Plan.

Ages	ZIP3	Non-Tobacco Rate	Tobacco Rate
All Ages	722, 723	\$1,353.00	\$1,624.00
All Ages	727	\$1,218.00	\$1,461.00
All Ages	All Others Not Shown Above	\$1,082.00	\$1,299.00

Admiral Life Insurance Company of America
Standardized Medicare Supplement – Plan D
Form #DSM-5(10)

Attachment A
Rate Sheet

The following rates are proposed for this Plan.

Ages	ZIP3	Non-Tobacco Rate	Tobacco Rate
All Ages	722, 723	\$1,725.00	\$2,070.00
All Ages	727	\$1,552.00	\$1,863.00
All Ages	All Others Not Shown Above	\$1,379.00	\$1,657.00

Admiral Life Insurance Company of America
Standardized Medicare Supplement – Plan F
Form #FSM-5(10)

Attachment A
Rate Sheet

The following rates are proposed for this Plan.

Ages	ZIP3	Non-Tobacco Rate	Tobacco Rate
All Ages	722, 723	\$1,863.00	\$2,236.00
All Ages	727	\$1,678.00	\$2,013.00
All Ages	All Others Not Shown Above	\$1,491.00	\$1,789.00

Admiral Life Insurance Company of America
Standardized Medicare Supplement – Plan G
Form #GSM-5(10)

Attachment A
Rate Sheet

The following rates are proposed for this Plan.

Ages	ZIP3	Non-Tobacco Rate	Tobacco Rate
All Ages	722, 723	\$1,763.00	\$2,136.00
All Ages	727	\$1,578.00	\$1,913.00
All Ages	All Others Not Shown Above	\$1,391.00	\$1,689.00

<i>SERFF Tracking Number:</i>	<i>IASL-126649213</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Admiral Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>45820</i>
<i>Company Tracking Number:</i>	<i>AL 2010 AR FORMS</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>AL 2010 AR Forms</i>		
<i>Project Name/Number:</i>	<i>AL 2010 AR Forms/</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	06/01/2010
Comments:			
Attachment: Flesch Cert (AA).pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	06/01/2010
Comments: A new application is provided under the forms tab.			
		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	06/01/2010
Comments: The Outline is provided under the forms tab.			
		Item Status:	Status Date:
Satisfied - Item:	Letter of Authorization	Accepted for Informational Purposes	06/01/2010
Comments:			
Attachment: 2010 05 Admiral IAS Authorization Letter.pdf			

READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer:

Admiral Life Insurance Company of America
2999 N 44th Street, Suite 250
Phoenix, AZ

I hereby certify that the Flesch Reading Ease Test Score of the forms listed below are as follows:

Type and/ or Title of Form(s)	Form Number(s)	Flesch Score
Medicare Supplement Policy – Plan A	ASM-5(10)	43.0
Medicare Supplement Policy – Plan D	DSM-5(10)	42.0
Medicare Supplement Policy – Plan F	FSM-5(10)	41.0
Medicare Supplement Policy – Plan G	GSM-5(10)	42.0
Medicare Supplement Application	APP.10(MS)	Scored as a part of the policy.

The type size of the text is at least 10-pointed leaded.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department in this state.

Signed for the Company by an Officer



Signature

Corporate Secretary

Title

May 28, 2010

Date



Admiral Life Insurance Company of America

One State Mutual Drive

P. O. Box 33

Rome, GA 30162-0033

May 21, 2010

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. "IAS" to file on behalf of Admiral Life Insurance Company of America policy forms, rate filings and reports with the State Departments of Insurance.

IAS may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Rick Gordon
Executive Vice President